

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

## PLAINTIFF

DAVID RIBEIRO (Prose)

## COURT CASE NUMBER

3:04-cv-30201

## DEFENDANT

DAVID S. usher

## TYPE OF PROCESS

MAIL/Hand

## SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Holyoke Police Department

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Appleton Street Holyoke MA, 01040

## AT

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

DAVID RIBEIRO (Pro Se) #128571  
 Hampden County Corrections  
 629 Randall Road  
 Ludlow MA, 01056

Number of process to be served with this Form - 285

10

Number of parties to be served in this case

7

Check for service on U.S.A.

U.S.



SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Employment Hours are 12:00 midnight  
 to  
 8:00 AM

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U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

## PLAINTIFF

DAVID RIBEIRO (Pro se)

## COURT CASE NUMBER

3:04-cv-30201

## TYPE OF PROCESS

mail/Hand

## DEFENDANT

Martin W. Narey

## SERVE

▶ NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Holyoke Police Department

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT Appleton Street, Holyoke MA, 01040

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David Ribeiro (Pro Se) #128571  
Hampden County Corrections  
629 Randall Road  
 Ludlow MA, 01056

Number of process to be served with this Form - 285

10

Number of parties to be served in this case

7

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Employment hours 12:00 midnight  
to

8:00 AM

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS  
10-18-cv-13

Signature of Attorney or other Originator requesting service on behalf of:

David Ribeiro

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

N/A

DATE

10-18-cv

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk omarie c. m	Date 11-1-04
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

JACKIE - CHIEF Anthony Scott's OFFICE

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

12/19/04

11:30 pm

Signature of U.S. Marshal or Deputy

omarie c. m. #5370

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

### PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

## PLAINTIFF

DAVID RIBEIRO (Pro se)

## COURT CASE NUMBER

3:04-CV-30201

## DEFENDANT

Paul M. Kelly

## TYPE OF PROCESS

mail / hand

## SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Holyoke Police Department

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT Appleton street Holyoke MA, 01040

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David Ribeiro (Pro se) #128571  
 Hampden County Corrections  
 629 Randall Road  
 Ludlow MA, 01056

Number of process to be served with this Form - 285

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Number of parties to be served in this case

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Check for service on U.S.A.

U.S.  
DISTRICT  
COURT  
CLASS.

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## SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

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Employment hours 12:00 midnight  
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U.S. Department of Justice  
United States Marshals Service

## **PROCESS RECEIPT AND RETURN**

**SEE INSTRUCTIONS ON REVERSE SIDE**  
**SEE INSTRUCTIONS FOR "SERVICE OF PROCESS BY THE U.S. MARSHAL"**  
**ON THE REVERSE OF THIS FORM.**

PLAINTIFF	DAVID RIBEIRO (Pro Se.)	COURT CASE NUMBER
DEFENDANT	James D. Briant	3:04-CV-30201
SERVE	<b>NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CON-EMIN</b> <b>Holyoke Police Department</b>	
AT	<b>ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)</b> <b>Appleton street Holyoke ma, 01040</b>	
<b>SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:</b>		
<input type="checkbox"/> <b>David Ribeiro (Pro Se.) #128571</b> <b>Hampden County Corrections</b> <b>629 Randall Road</b>		
<input type="checkbox"/> <b>Ludlow ma, 01056</b>		
<b>Number of process to be served with this Form - 285</b> <b>10</b>		
<b>Number of parties to be served in this case</b> <b>7</b>		
<b>Check for service on U.S.A.</b> <b>S.S.</b> <b>APR 2004</b> <b>CR</b>		
<b>SPECIAL INSTRUCTIONS OR</b>		

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):**

Employment hours are 12:00 midnight  
to  
8:00 AM

Signature of Attorney or other Originator requesting service on behalf of: <i>David Rileiro</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>N/A</i>	DATE <i>10-18-04</i>
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE</b>				
I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>01</i>	District of Origin No. <i>38</i>	District to Serve No. <i>38</i>	Signature of Authorized USMS Deputy or Clerk <i>omie c-mr</i>
				Date <i>11-1-2004</i>

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. (Signature required)

Name and title of individual served (if not shown above)

Name and title of individual served (if not shown above)  
**JACKIE - CHIEF ANTHONY SCOTT'S OFFICE**

**Address (complete only if different than shown above)**

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service	Time	am
8-1-04		

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
REMARKS:						

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**REMARKS:**

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

DAVID BIBEIRO (Prcse.)

COURT CASE NUMBER

04-30201-KPN

DEFENDANT

Holyoke Police Dept.

TYPE OF PROCESS

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

→ Holyoke Police Dept.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT Appleton Street Holyoke MA, 01040

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David Bibeiro  
128571  
Hampden County House of Correction  
Hanover Road  
Ludlow, MA 01056

Number of process to be served with this Form - 285

3

Number of parties to be served in this case

8

Check for service on U.S.A.

10

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

David Bibeiro

 PLAINTIFF

TELEPHONE NUMBER

DATE

11/2/04

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

No. 38

No. 38

David W. Spelly

11/13/04

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

CHIEF ANTHONY SCOTT'S OFFICE - JACKIE

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time a.m.

12/19/04

11:30 p.m.

Signature of U.S. Marshal or Deputy

Anne C. Morris #5379

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

DAVID RIBEIRO (Pro Se)

COURT CASE NUMBER

3:04-CV-30201

DEFENDANT

Lt. Micheal Higgins

TYPE OF PROCESS

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Holyoke Police Department

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT Appleton Street Holyoke MA, 01040

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David Ribeiro (Pro Se) #128571  
 Hampden County Corrections  
 629 Randall Road  
 Ludlow MA, 01056

Number of process to be served with this Form - 285

10

Number of parties to be served in this case

7

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Employment hours are 12:00 midnight  
to

8:00 AM

Signature of Attorney or other Originator requesting service on behalf of:

David Ribeiro

 PLAINTIFF  
 DEFENDANT
 

TELEPHONE NUMBER

N/A

DATE

10-18-04

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
01	No. 38	No. 38	anne c m	11-1-2004

I hereby certify and return that I  have personally served.  have legal evidence of service.  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

JACKIE - CHIEF Anthony Scott's OFFICE

Address (complete only if different than shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.
 

Date of Service Time and

12/9/04 11:20 pm

Signature of U.S. Marshal or Deputy  
anne c m #5.279

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

DAVID RIBEIRO (Pro Se)

COURT CASE NUMBER

04-30201-KPN

DEFENDANT

city of Holyoke/Mayor Michael Sullivan

TYPE OF PROCESS

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
city of Holyoke

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT Holyoke city Hall, High Street Holyoke MA, 01040

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David Ribeiro (Pro Se)  
Hampden County Correctional  
629 Randall Road  
Cudlou MA, 01056

Number of process to be  
served with this Form - 285

Number of parties to be  
served in this case 25

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Employment hours

9:00 AM to 5:00 PM

MASS. OFFICE  
1. 2. 3.

Signature of Attorney or other Originator requesting service on behalf of:

David Ribeiro

PLAINTIFF

DEFENDANT

TELEPHONE NUMBER

DATE  
11/2/04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk mmma cmu	Date 11-2-04
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I hereby certify and return that  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

KIM - Mayor Michael Sullivan's OFFICE

A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service 12/9/04	Time 11:45 pm
Signature of U.S. Marshal or Deputy mmma cmu #5219	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

DAVID RIBEIRO (Pro Se)

COURT CASE NUMBER

3:04-CV-30201

DEFENDANT

william Bennett

TYPE OF PROCESS

Hand

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONFINEMENT

District Attorney Hampden County

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT 50 State Street Springfield MA, 01103

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David Ribeiro (Pro Se) #128571  
 Hampden County Corrections  
 629 Randall Road  
 Ludlow MA, 01056

Number of process to be served with this Form 285

10

Number of parties to be served in this case

7

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fwd

Employment Hours are 9:00 AM  
 to  
 5:00 PM

Signature of Attorney or other Originator requesting service on behalf of:

David Ribeiro

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER  
N/A

DATE

10-18-04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 01	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Omnie C. -Rm	Date 11-1-2004
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

District Attorney's Office - 3rd Floor

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  
12/18/04

Time  
1:50 (pm)

Signature of U.S. Marshal or Deputy  
Omnie C. -Rm #53719

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice  
United States Marshals Service

### PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

## PLAINTIFF

DAVID RIBEIRO (Pro Se)

## COURT CASE NUMBER

04-30201-KPN

## DEFENDANT

COMMONWEALTH OF MASSACHUSETTS / Attorney General

## TYPE OF PROCESS

## SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

COMMONWEALTH OF MASSACHUSETTS

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

## AT

Attorney General 1350 Main Street Springfield MA 01103

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David Ribeiro (Pro Se)  
Hampden County Correctional  
629 Randall Road  
 Ludlow MA 01056

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A. 

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Employment hours

9:00 AM to 5:00 PM

Signature of Attorney or other Originator requesting service on behalf of:

David Ribeiro

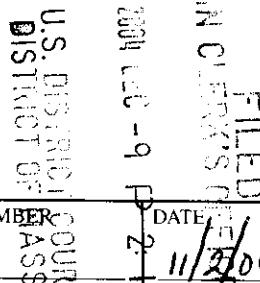
PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

1-800-555-1234

DATE

11/2/04



## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

01

District of Origin

No. 38

District to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

anne c. m.

Date

11-2-04

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Maria - AG's OFFICE (4th FLOOR)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 12/9/04 Time 1:40 pm

Signature of U.S. Marshal or Deputy  
anne c. m. 12/9/04

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: